

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)													
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identified/FY, Doc./type code/Serial number) N0007604TG040			C. Request Status of Process Code (x one)			D. Amendment No.				
						<input type="checkbox"/>	(1) Initial	<input type="checkbox"/>				(2) Resubmission	
						<input type="checkbox"/>	(3) Correction	<input type="checkbox"/>				(4) Cancellation	
Section A – TRAINEE/APPLICANT INFORMATION													
1. Name (Last, First, Middle Initial)			2. 1 st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Service				
									a. Years	b. Months			
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (include area code)			8. Position Title							
			a. Home										
						b. Office			9. Position Level I(X one)		10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator)		
11. Organization Name			(1) Commercial <input type="checkbox"/>			a. Executive							
			(2) DSN <input type="checkbox"/>			b. Manager							
12. Organization Mailing Address (Include ZIP)			13. Organization UIC 00076			<input type="checkbox"/>		c. Supervisory		14. Type of Appointment		15. No. prior non-government training days	
			16. Are you handicapped or disabled? (X one)			<input type="checkbox"/>		d. Non Supervisory					
						<input type="checkbox"/>			Yes		<input type="checkbox"/>		No
Section B – TRAINING COURSE DATA													
17. Course Title													
18. Training Objectives (Benefits to be derived by the Government) This training is on the Annual Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No This training is on the Individual Development Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No						19. Recommended Training Source, School or Facility							
						b. Mailing Address (include ZIP)							
20. Course Codes:						c. Location of training site (If other than 19b)							
a. Purpose	4	f. Security Clearance		k. Training Program		21. Course hours (4 digits)			22. Course Identifiers				
b. Type		g. Allocation Status		l. Reason for Selection		a. Duty			a. SAID				
c. Source	3	h. Priority		23. Training Period (YYMMDD)		b. Non-duty			b. Catalog/Course No.				
d. Special Interest		i. Training Level		a. Start		c. TOTAL			c. Offering/TLN				
e. Training Vendor		j. Method of Training	8	b. Complete									
Section C-COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)													
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box <input type="checkbox"/>													
25. Direct Costs			26. Indirect Costs (For Information Only)			27. Accounting Classification							
a. Tuition Cost			a. Travel Cost			AA1741804.76M1 000 00076 0 068566 2D 00000							
b. Books, material, other costs \$0.00			b. Per diem/other costs			0007640400Q PAYMENT WILL BE MADE BY THE GCPC							
c. Total direct costs			c. Total indirect costs			(POC:GARY BRINKMEIER, (850)452-4851, FAX (850)452-4966, EMAIL GARY BRINKMEIER@NAVY.MIL)							
d. Funding source			28. Labor Costs			29. Signature of Fiscal Officer (Follow local procedure)			30. Total of Direct & Indirect Costs:				
31. Job Order No. 00076404Q00Q						MICHAEL M. MERRITT, COMPTROLLER			\$1540				
Section D – APPROVAL/CONCURRENCE/CERTIFICATION													
32. Supervisor: I certify training is job relate and nominee meets prerequisites. (If not, attach waiver)						32. Training Officer: I certify this training meets regulatory requirements.							
a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)			a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)				
						MAGLOIRE SERGE			(850)452-2660				
c. Signature and Title			d. Date			c. Signature and Title							
						SUPV HR SPECIALIST, HR DEVELOPMENT							
34. Authorizing Official						35. Course Acceptance (To be completed by school official)							
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved		<input type="checkbox"/> (2) Disapproved		<input type="checkbox"/>		a. Accepted		c. School Official Signature		d. Date			
b. Typed Name (Last, First Middle Initial)		c. Phone number (Include area code)		<input type="checkbox"/>		b. Not Accepted							
HARRIS, B. O., LTJG, USN		(850)452-4923											
d. Signature and Title				e. Date				38. Course Completion (To be completed by school official)					
ADMINISTRATIVE OFFICER								a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/>					
								b. Actual Completion Date (YYYYMMDD)					
								c. Grade					
37. Billing Instructions (Identify discount terms % days.) PAYMENT WILL BE MADE BY THE GOVERNMENT CREDIT CARD. SEND INVOICES TO: NETC (CODE N411) 250 DALLAS ST PENSACOLA FL 32508-5220 ATTN: MR. JIM KIGHT						c. Signature and Title			e. Date				
						38. Certifying Government Official							
						a. I certify that this account is correct and proper for payment in the amount of: \$							
						b. Signature			Date Signed				
d. DSSN Number			e. Check Number			f. Voucher Number							